Daniel	Collill	County Gra				
Department Name		_	Submit comple	eted form along	with one electi	ronic copy of the
COLLIN COUNTY HEALTH		S	grant applicati	on and all suppo	orting documer	itation to the
Contact Person (Grant Liai	son)			e not less than for Court meeting.		
JOANN GILBRIDE				Caponera at (9)		ny questions
Title	Phone / Exter	nsion	Contact danna	Caponera at (3)	72) 340-4030.	
HC COORDINATOR	972-548-5503					
		Grant De	escription			
Grant Title and Funding Ye	ar		Fundin	g Source	Applic	ation Type
TUBERCULOSIS (TB) FEDE	RAL - FY 2016		☑ State		☐ New Gra	
Grantor (include sub-grant	ing agencies)		☐ Federal		Renewa	d
DEPARTMENT OF STATE H	HEALTH SERVIC	ES	Other:		Amenda	-
				Paymen	t Method	
			✓ Cost Rein	nbursement	Other:	
Application/Award Deadling	e Requested Co	mm Court	Grant Period	induseriierii.	Other.	
August 17, 2015		24, 2015	January	1 2016	Decemb	24 2046
Brief Description	August	24, 2013	January	1, 2016 to	Decemb	per 31, 2016
	iooble disease /T	D) in the		TD E1:	_	
Reducing the risk of commun Administrative Code Sections	icable disease (1	B) in the commi	unity through the	e IB Elimination	Program as re	equired in Texas
Grant Categories /				County	In-Kind	
Funding Sources	Federal Funds		Local Funds	Match	Match	Total
Personnel		\$ 114,386.00		\$ 22,877.00		\$ 137,263.00
Operating						\$ -
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 114,386.00	\$ -	\$ 22,877.00	\$ -	\$ 137,263.00
# of FTEs						0
Performance Mea	sures		<b>Current FY Pr</b>	ogress to Date		Next FY
Applicable Outcome N	/leasures	Q1	Q2	Q3	Q4	Projected
<ol> <li>Newly Reported TB cases HIV test performed; the 2014</li> </ol>		100%	100%			100%
2. TB cases & suspects shall Directly Observed Therapy; go		100%	100%			100%
Patients suspected of havi started on 4-drug regimen; go		100%	100%			100%
The Department named above for the management of any fur forth by the Grantor and its rel departments. To that end, ple  Grant Summary Form  Memo of request to Cor  Electronic copy of the or  Approval to apply Court  All attachments, back-u	nds awarded to the ated agencies or ase find enclosed mmissioner Court riginal, completed Order (for award	ne County under agents, as well the following it for application/adapplication/award only)	this grant, and as those of the ems for initial re award acceptan	will adhere to an County, and its eview: ace and approva	ny polices and financial and a	procedures set
Completed by:		A				
CANDY BLAIR		Camb. B	Da		A	1.5
Department Head / Designee Printer	Name	Signature	CULL		August 10, 20 <sup>-</sup> Date	10
. Joignes . Tilles		- J			Julio	I

## **Grant Resource-Benefit Summary**

Grant Title			Contact Person (Grant Liaison)	rant Liaison)	2
TUBERCULOSIS (TB) FEDERAL - FY 2016	- FY 2016		JOANN GILBRIDE		<u> </u>
Grant Period			Phone / Ext	Department	1
January 1, 2016 to	December 31,	31, 2016	972-548-5503	COLLIN COUNTY HEALTH CARE SERVICE	
COUNTY RESOURCES REQUIRED	ΈD				
Match	Amount	Identify Ma	Identify Match Source	Benefits to County and Citizens	
1) Cash	\$ 22,877.00	Existing employ	employee salaries	Renewal grant for \$114,386 from the Texas Department of State Health Services for Tuberculosis (TB) services. The county's match as required	
2) In-Kind	₩			by the contract is \$22,877. Both the awarded renewal grant funds and the	<u>a</u>
☐ No Match Required				TB Clinic staff members as part of the effort to provide TB services for the	O)
Implementation / Start Up	Amount	Desc	Description	community. The performance measures included in the contract are directed towards the TB Program's ability to provide evaluate and treat	
1) Equipment				individuals who are exposed or infected with the TB germ or have active TB disease. The TB Clinic manages the care of these infected or ill	
2) Training				patients from 6 months up to 2 years during the course of their treatment in order to ensure they successfully complete their treatment	
3) Inter-departmental / Other:					
☐ No Implem / Start-up Costs					
Operational / Maintenance	Amount	Desc	Description		
1) Recurring Maintenance					
2) Salary / Benefits					
3) Continuing Ed / Training					
4) Office / Program Space					
5) Travel					
6) Other:					
☐ No Oper / Maintenance Costs					
NON-COUNTY RESOURCES REQUIRED Match	QUIRED Amount	Identify Ma	Identify Match Source		
1) Voluntary / Donation		,			